

## Positive Alternatives 2016 - 17 Quarterly Update

**Grantee (Name and city):** Face to Face, St. Paul

**Contact:**

**Phone and Email:**

**Goal:** To support, encourage, and assist young women in carrying their pregnancies to term and in caring for their babies after birth

**For the period/quarter:** January – March 2017

Activity or Service	Activity or Service Description Major Work Plan Activities	Work Plan Count	Program Progress and Accomplishments Report the progress and accomplishments made this period on each activity.	Report Count
<b>Administrative Activities</b>	Provide ongoing supervision and guidance of grant staff Ensure reporting and evaluation activities are completed		Prenatal case managers, nursing staff, and nurse practitioners meet on a weekly basis to discuss continuity of care, centering pregnancy, and best practices for prenatal clients. Case consultations occur for clients as needed. Grant budget meetings occur monthly. The Clinic Case Management Supervisor meets with the case management team weekly to discuss progress toward goals and data management.	
<b>Outreach</b>	Prepare and distribute wallet-sized cards describing Connect program		Women who have positive pregnancy tests at Face to Face are given information about prenatal care and Connect prenatal case management program. Anyone with a positive pregnancy test is also followed up on by a member of the Connect team to encourage them to seek prenatal care. Connect cards are also distributed in the community through our Health Education Department at outreach events.	

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<b>Case Management Services</b>	<p>Provide support to young women throughout pregnancy (in one-on-one and Centering Pregnancy® group encounters) and for up to one year after the birth of their baby</p> <p>Provide assessment, referral and help securing Necessary Services</p> <p>Provide home visits for clients who have missed prenatal care visits</p>	450	This quarter Face to Face case managers conducted 520 case management visits with prenatal and postpartum patients (up to 1 year postpartum). We are pleased to see the number of visits above our goal of 450 visits and believe this increase is due to some changes and improvements to the structure of the program.	520 Visits
<b>Financial Assistance</b>	Provide assistance in completing applications for financial assistance: includes public health insurance programs, MFIP, emergency assistance, energy assistance, WIC and other food support, and material support from other agencies (cribs, diapers, etc).	120	<p>This quarter we provided assistance in completing applications for financial assistance 81 times. The following applications were completed in this quarter MA Referral – 33, MFIP Referral – 7, Childcare Referral – 2, Emergency Referral – 2, WIC Referral – 26, Cradle of hope (Cribs) – 11</p> <p>Diapers, wipes or food assistance was provided by Face to Face 104 times within the quarter</p>	<p>81</p> <p>104 times</p>
<b>Housing Assistance</b>	Provide emergency rent assistance to expectant or new mothers to avoid becoming homeless or to gain housing.	9	5 clients received emergency rent assistance this quarter. We are seeing an increase in rental assistance requests completing 4 within the first few weeks of the new quarter. We expect to see these numbers increase in the final quarter of the year.	5

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<b>Material Support</b>	Provide baby diapers to young mothers in need.	48	Diapers were given out to mothers 36 times this quarter, being the first quarter this year we have not met this target. Diaper assistance continues to be a high demand item and expect to see these numbers continue to increase.	36 Times
<b>Mental Health</b>	Pre-natal and post-partum depression screening included in assessment Case managers facilitate referrals to non-PA funded Mental Health providers as needed.	60	We exceeded our projected goal this quarter, completing 83 depression screenings this quarter. Prenatal case managers continue to work closely to provide holistic services through referrals to our on-site mental health providers.	83 Times

<b>Nutrition</b>	<p>Provide information on proper nutrition to each new client, including a written handout, as part of the group intake to prenatal care. Referrals and follow up are provided both in group intake and one on one visits.</p> <p>Provide food bags, baby formula, and food gift cards.</p>	<p>45</p> <p>75</p>	<p>We completed nutrition education and proper referrals with 58 new mothers this quarter. We saw an increase in new patients this quarter with the highest number of new intakes this grant year.</p> <p>Assistance in the form of food bags, food cards, and formula were provided 49 times this quarter providing 68 food items to clients. Upon review of budgets Face 2 Face receives funding for 69 items per quarter (30 food bags, 30 food cards and 9 cans of formula). We ended the quarter with one can of formula left over. We may need to revise the target number in this area.</p>	<p>58</p> <p>49 Times/68 items</p>
<b>Parenting Education</b>	<p>Provide two (2) parenting events per year including education on parenting-related topics.</p>	<p>25</p>	<p>We did not provide a parenting event during this quarter. We are in the process of planning our second parenting event for the year to be done before the end of the grant year.</p>	<p>0 Qtr/24 Year</p>
<b>Pregnancy Education</b>	<p>Provide Centering Pregnancy prenatal care (60 visits per quarter) integrating medical care with pregnancy education and support; 6 groups starting per year / 10 sessions per group with 6 participants per group</p> <p>Centering Pregnancy includes education and discussion on:</p> <ul style="list-style-type: none"> <li>• Management of discomforts of pregnancy</li> </ul>	<p>60</p>	<p>Centering continues to be a challenge for us. We had one consistent group this quarter that had between 2-6 participants. We also conducted a postpartum centering group in which participants brought their babies and discussed parenting.</p> <p>The current centering group will end and a new group will begin next quarter. We are currently looking into changing the structure and training an additional staff to try to increase numbers in the groups.</p>	<p>25 visits</p>

	<ul style="list-style-type: none"> <li>• Relaxation/stress management</li> <li>• Labor and delivery</li> <li>• Families and relationships</li> <li>• Newborn care</li> </ul>			
<b>Pregnancy Testing</b>	Provide pregnancy testing 2 hours per week at SafeZone, a resource center for youth experiencing homelessness, to provide assessment of program eligibility and help youth who gain medical care if needed. All youth who test positive for pregnancy will be evaluated for necessary services and linked to prenatal care at the Arcade clinic or another clinic of the young person's choice.	15	<p>We continue to provide pregnancy tests at our SafeZone utilizing the nurse practitioners when they are available (for a total of 20 hours a week). This quarter, we conducted 24 pregnancy tests at SafeZone.</p> <p>All clients receiving positive UPT tests at SafeZone are connected with prenatal care at the Arcade clinic (or another clinic of their choice).</p>	24 Tests
<b>Prenatal Medical Care</b>	<p>Provide Centering Pregnancy prenatal care (60 visits per quarter) integrating medical care with pregnancy education and support; 6 groups starting per year / 10 sessions per group with 6 participants per group.</p> <p>Provide individual prenatal care visits (240 per quarter) for OB History visit, initial OB visit, and at other times -- for young women</p>	<p>60</p> <p>240</p>	<p>As mentioned above, Centering wasn't as well attended this quarter as it has been in the past. We were behind our goal for Centering group visits this quarter with 25 visits (an increase from last quarter, however) We continue to introduce Centering to new OB clients and form new groups as needed. Currently, we have one active Centering group.</p> <p>New OB client intakes were higher this quarter, resulting in exceeding the target medical visits. In addition to Centering, 289 individual prenatal visits were completed. We anticipate this increase to become remain consistent.</p>	<p>25</p> <p>289 Prenatal Visits</p>

	who opt out of Centering Pregnancy			
<b>Provide Necessary Services to all clients</b>	Provide intake assessment to determine need. Provide women with information on, referral to and assistance with securing pregnancy support services. Utilize resource database to provide information and make referrals	45	<p>We have exceeded our target for new OB clients this quarter with 58 intakes.</p> <p>In response to the decreased number of intakes over the past couple of quarters, we changed how we do our intake appointments. Starting last quarter, we have started having our OB RN complete the OB intake appointments, instead of medical providers, because it allows for more flexibility in scheduling. The nurse's schedule is more flexible, so she's more likely to convert a positive pregnancy test visit into a full OB intake, instead of needing to make an additional appointment (if the client so desires). This has also allowed those who present late in their pregnancy to receive care more quickly with more appointment time options. We believe that this along with some other structure changes and outreach have led to the increase intakes</p>	58 Intakes
<b>Provide Necessary Services Assessments Only</b>	Provide intake assessment to determine need. Provide women with information on, referral to and assistance with securing pregnancy support services. Utilize resource database to provide information and make referrals	1	While we saw an increase in intakes we also had an increase of clients not returning for prenatal care. 11 clients presented for an intake and received a necessary services assessment and did not come back to receive prenatal care.	11 clients

<b>Transportation</b>	Provide taxi rides or bus fare for clients to get to appointments.	60	We were able to provide transportation assistance 36 times this quarter in the form of bus tokens or cab fare. We have seen an increase in clients utilizing transportation assistance through their health insurance when available, reducing the number of times we need to provide assistance. We continue to offer assistance to anyone needing it to reach their appointments.	36 Times
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<b>Maternal and Child Health Initiative Task Force Strategies</b>				No.
<i>Number of women who received car seats and car seat safety education from a PA funded program activity</i>				N/A
<i>Number of women who received car seat safety education only from a PA funded program activity</i>				N/A
<i>Number of women who received child abuse prevention education from a PA funded program activity</i>				18
<i>Number of women who received abusive head trauma (shaken baby) prevention education from a PA funded program activity</i>				18
<i>Number of women who received a baby bed, crib, or pack-n-play and sleep safety education from a PA funded program activity</i>				11
<i>Number of women who received sleep safety education only from a PA funded program activity</i>				18

**Challenges:** We were pleased to see a number of our stats have increased. We find that we are still struggling with clients being consistent about Centering in the past quarter. It has always been true that some Centering groups really connect and therefore stay more consistently engaged, and others struggle to form a strong bond. This quarter we had one group that was consistent but did not have any new groups start.

We also continue to have ongoing challenges working with clients who struggle with mental health and/or addictions concerns who fall out of care and we are not able to reach them. We have increased our numbers of referrals to Mental Health services and will be identifying a system for case consultation and coordination for these clients, so that we may serve them in the best holistic manner. We are looking at increasing our presence at SafeZone where many of our clients utilize services to be able to provide more continuity of care. We also are spending more time doing home visits and meeting clients in the community to take away the barriers of transportation and/or child care.

**Comments:** With the addition of a Case Management Supervisor greater oversight of the program has allowed for some program structure changes and enhancements of the services provided. We are pleased to see the increase in our numbers and believe that we will continue to meet our targets.